

1400T27 PM 1:29

October 17, 2014

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510-7116

To Whom It May Concern:

Enclosed herewith is the Report of Receipts and Disbursements for an Authorized Committee, FEC Form 3, covering the period from 7/1/4014 through 7/30/2014. This is the Committee's Pre-Election Report for the Primary. This report is submitted by the Charlie Hardy for Senate campaign committee, FEC Identification Number C00554758.

This report is also submitted to cure the deficiency documented in the FEC's letter dated October 3, 2014.

Please note that the Committee will shortly file an amended Quarterly Report for Q3 (October 15, 2014), to adjust that report to reflect that the covered period is 7/31/2014 through 9/30/2014.

Sincerely,

David Finley
Treasurer

Charlie Hardy for Senate

Encl.

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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

14 OCT 27 PH 1: 30

Office Use Only TYPE OR PRINT ▼ Example: If typing, type 12FE4M5 NAME OF over the lines. COMMITTEE (in full) CHARLIE HARDY FOR SENATE 1901 CENTRAL AVE +A ADDRESS (number and street) Check if different CHEYENNE than previously reported. (ACC) ZIP CODE 🖣 CITY A STATE FEC IDENTIFICATION NUMBER ▼ STATE ▼ DISTRICT C 00554758 **AMENDED** NEW 3. IS THIS OR REPORT (A) TYPE OF REPORT (Choose One) (b) 12-Day PRE-Election Report for the: (a) Quarterly Reports: General (12G) Runoff (12R) Primary (12P) April 15 Quarterly Report (Q1) Convention (12C) Special (12S) July 15 Quarterly Report (Q2) in the 19 2014 State of October 15 Quarterly Report (Q3) Election on January 31 Year-End Report (YE) 30-Day POST-Election Report for the: Special (30S) Runoff (30R) General (30G) Termination Report (TER) in the State of Election on 30 2014 07 01 2014 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office FEC FORM 3 Use (Revised 02/2003)

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SUMMARY PAGE

of Receipts and Disbursements

Page 2

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name CHARLIE HARDY FOR SENATE

Report Covering the Period:

To: 07 30

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		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)		-
	(a) Total Contributions (other than loans) (from Line 11(e))	3007.13	26 85 6 03
	(b) Total Contribution Refunds (from Line 20(d))	0.00	983.60
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3,007 13	25, 872, 43
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	3301.19	5 4. 47 4 49
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3,301.19	52 474 49
8.	Cash on Hand at Close of Reporting Period (from Line 27)	2607.35	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	43,663,99	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

Write or Type Committee Name

CHARLIE HARDY FOR SENATE

Report Covering the Period:

07 01 2014 To: 07 30 2014

I. RECEIPTS 11. CONTRIBUTIONS (other than loans) FROM:		COLUMN A Total This Period		COLUMN B Election Cycle-to-Date	
	(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	1	1,500.00	12 286 68	
	(ii) Uniternized (iii) TOTAL of contributions from individuals .	9	1,507.13 3,007.13	, 14,569 35 , 26,856.03	
	(b) Political Party Committees	,	, 0.00	, , 0.00	
	(c) Other Political Committees (such as PACs)	,	, 000	, 0.00	
	(d) The Candidate		, 0.00	, 0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		3007 13	26,856 03	
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	9 .	, 0.00	, 000	
13.	LOANS: (a) Made or Guaranteed by the Candidate	 	0.00	29,209,41	
	(b) All Other Loans (c) TOTAL LOANS (add Lines 13(a) and (b))	3	0.00	29,20941	
14.	OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	,	, 0.00	, 000	
15.	OTHER RECEIPTS (Dividends, Interest, etc.)		, 0.00	, 000	
16.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	3	3,007.13	, 56.065.44	

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DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	3,301.19	, 52,474.49
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	, 0.00	, , 0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	, 0.00	, , 0.00
	(b) Of All Other Loans	, , 0.00	, 0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	, 0.00	·
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other	4.4.	00212
	Than Political Committees	, , <i>0.00</i>	, , , , , , , , , , , , , , , , , , , ,
	(b) Political Party Committees	, 0.00	, 0,00
	(c) Other Political Committees (such as PACs)	0,00	0,00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	, , 0.00	, 983.60
21.	OTHER DISBURSEMENTS	, , 0.00	, 0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	3,301.19	, <i>53,458.0</i> 9
	III. CASH SU	MMARY	· · · · · · · · · · · · · · · · · · ·
23.	CASH ON HAND AT BEGINNING OF REPOR	rting period	2901.41
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	6, page 3)	, 3,007.13
25.	SUBTOTAL (add Line 23 and Line 24)		, 5,908.54
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	n Line 22)	, 3,301.19
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	à PERIOD	, 2,607.35

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 5 OF 25 (check only one)
	Detailed Summary Page	11a 11b 11c 11d 12 13a 13b 14 15
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	nents may not be sold or used by any p ne and address of any political committe	erson for the purpose of colleiting contributions
NAME OF COMMITTEE (In Full) CHARLIE HARDY FOR	L SENATE	
A. ALLBRIGHT, JOSE.	PH	Date of Receipt
Mailing Address PO BOX 97-60 City	tate Zip_Code	07 05 2014
	Ty 83002	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer FLAT CREEK RANCH Occ	owner.	500.00
m!	ction Cycle-to-Date	=
Other (specify)	,500,00	
Full Name (Last, First, Middle Initial) B. KUNSTEL, MARCIA		Date of Receipt
Mailing Address BOX 9760 City St	ate Zip Code	07 05 2014
JACKSON W		
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer FLAT CREEK RANCH Occur	owner.	,500,00
Receipt For: Elec	tion Cycle-to-Date	
Other (specify)	,500.00	
Full Name (Last, First, Middle Initial) C. JOURGENSEN PETER Mailing Address	e.	Date of Receipt
PO BOX 9550	te Zip Code	07 21 2014
JACKSON WY	83002	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
RETIRED	pation	,250.00
Receipt For: Primary General Other (specify)	ion Cycle-to-Date , 250 00	
SUBTOTAL of Receipts This Page (optional)		1250,00
TOTAL This Period (last page this line number only)		; • •

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	CHEDULE A (FEC Form 3)	•		FOR LINE NUMBER: PAGE 6 OF 25 (check only one)		
11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 11d 11d 12 13a 13b 14 15		
				person for the purpose of soliciting contributions se to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) CHARLE HARDY	FOR S	SENATE			
<u> </u>	Full Name (Last, First, Middle Initial) **TORGENSEN, JEH	an)		Date of Receipt		
	Mailing Address BOX 9550			07 21 2014		
	JACKSON JACKSON	Wy State	Zip Code 83002			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer RETIRED	Occupation	n	, ,250.00		
	Receipt For: Primary General	Election C	ycle-to-Date			
	Other (specify)		, ,250.00			
_	Full Name (Last, First, Middle Initial)			Date of Receipt		
В.	Malling Address					
	City	State	Zip Code			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
	Name of Employer	Occupation	ı ·	,		
	Receipt For: Primary General Other (specify)	Election C	ycle-to-Date			
_	Full Name (Last, First, Middle Initial)	· · · · · ·	<u> </u>			
C.	Mailing Address			Date of Receipt		
	СЊу	State	Zip Code			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
	Name of Employer	Occupation		, ,		
	Receipt For: Primary General Other (specify)	Election Cy	ycle-to-Date			
s	UBTOTAL of Receipts This Page (optional)			, ,250,00		
۱,	OTAL This Period (last page this line number	only)		(,500,00		

SCHEDULE	B	(FEC	Form	3)
ITEMIZED	DISE	BURSI	EMEN	rs

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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 25 (check only one) 17
Any information copied from such Reports and Statements in or for commercial purposes, other than using the name and NAME OF COMMITTEE (in Full) CHARLIE HARDY FOR SEN	address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A MERICAN EXPRESS Malling Address PD BOX 2978/2 City FT. LAVDERDALE F2 Purpose of Disbursement CREDIT CARD PAYMENT— Candidate Name HARDY Office Sought: House President Primary Other (and the content of the content	33329-7-8/2 SEE BELOW 00 / Category Type	233.00
State: WY District: Full Name (Last, First, Middle Initial) B. GASAMAT Mailing Address 620 E. /60 ST City CHEYENNE WY	Zip Code 82001	Date of Disbursement 05 30 2014 Amount of Each Disbursement this Period 31 35
Purpose of Disbursement FUEL FOR CAMPAI (6W) VA Candidate Name CHARLIE HARDY Office Sought: House X Senate President State: WY District:	Caregory Type	MEMO-AMEX CREDIT
Full Name (Last, First, Mickile Initial) C. WYOMING TROPHY & ENGRA	WNG-	Date of Disbursament 05 30 2014
City CHEYENNE NY 82 Purpose of Disbursement PRINTING CAMPAIGN MA Candidate Name CHARUE HARDY Office Sought: House Disbursement For Senate President State: WY District:	Catagor Type	Amount of Each Disbursement this Period ,590.53 MEMO-AMEX CREDIT CARD PAYMENT DATE 07/07/2014.
SUBTOTAL of Disbursements This Page (optional)		.733.00

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (In Full)

PAGE 8 OF 25 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 117 18b 18 19a **Detailed Summary Page** 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

CHARLI	E HARDY F	OR SENATE		
Full Name (Last, First, Middle Initial) CASAMAT				Date of Disbursement
Mailing Address City	E. 164	ST. State Zip Code 82001		Amount of Each Disbursement this Period
FUEL Candidate Name	rursement FOR CAMA	AIGN VEHICLE	Category/ Type	MEMO-AMEX CREDIT CARD PAY MENT DATE
Office Sought:	House Y Senate President District:	Disbursement For: Primary General Other (specify)		07/07/2014.
Full Name (Last,	First, Middle Initial)			Date of Disbursement
City CHEY	ENNE	State Zip Code Wy 8200/		Amount of Each Disbursement this Period 4406
Candidate Name CHAR	LIE HARD		Category/ Type	MEMO-AMEX CREDIT CARD PAYMENT DATES
Office Sought:	Senate President District:	Primary General Other (specify)		07/07/2014.
Full Name (Last,	First, Middle Initial) ON WIREL			Date of Disbursement
Malling Address City	NTIER M	Flate Zip Code		Amount of Each Disbursement this Period
Purpose of Disb		WY 82001		220,93
Candidate Name	LIE HARD	/ Disbursement For:	Category/ Type	MENO-AMEX CREDIT CARD PAYMENT DATE 07/07/2014.
Office Sought:	Fresident District:	Primary General Other (specify)		07/07/2014.
		<u> </u>		000

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 0 OF 25 (check only one) 117
Any Information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) CHARUE HARDY FOR SELECTION OF S	address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. OFFICE DEPOT Mailing Address 1225 DEL RANGE 6	LVD.	Date of Disbursement 06 08 2014
Purpose of Disbursement OFFICE SUPPLIES Candidate Name CHARLIE HARDY Office Sought: House President State: W District:	Zip Code ZOO/ Categor Type or:	Amount of Each Disbursement this Period 3 1 7 MEMO-AMEX CREDIT CARD PAYMENT DATED 07/07/2014.
B. GASAMAT Mailing Address A20 E. 16 CA ST.		Date of Disbursement 06 08 2014
City CHEYENNE WY Purpose of Disbursement GAS FOR CAMPAIGN VEH Candidate Name CHARLIE HARDY Office Sought: House Disbursement Frima President State: WY District:	Categor Type	Amount of Each Disbursement this Period 4062 MEMO-AMEX CREDIT CARD PAYMENT DATED 07/07/2014.
Full Name (Last, First, Middle Initial) C. GASAMAT Malling Address 620 E. 164 ST.	7in Code	Date of Disbursement 06 21 2014
GAS FOR CAMPAIGN VEH Candidate Name CHARLIE HARDY	Categor Type	CARD PAYMENT DATE
Office Sought: House Disbursement F Senate President Other State: WY District:	made .	07/2014

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER:			PAGE /0 OF 25		
ITEMIZED DISBURSEMENTS	for each category of the	(check on	ay one)	718	19a		
	Detailed Summary Page		20a	200	20c	19b	
Any information copied from such Reports and Statements in	nay not be sold or used by an	y person for	the purpor	80 Of 80	oliciting cont	ributions	
or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)	accress or any pointear comm	tree to solich	CONTRIBUTE	ons no	m such com	mittee.	
CHARLIE HARDY FOR SE	ENATE						
Full Name (Last, First, Middle Initial)							
A. REMAX CAPITOL PROPE	RTIES	Date	of Disburs	sement			
Malling Address 4000 CENTRAL A		0	70	8	201	4	
CHEYENNE WState	Zip Code	Amou	unt of Eacl	h Disbu	recment this	Period	
Purpose of Disbursement CAMPAIGN OFFICE RENT	AL				900	.00	
CHARLIE HARBY	Category Type	,/					
Office Sought: House Disbursement For							
President Other (s							
Full Name (Last, First, Middle Initial)					· · · · · · · · · · · · · · · · · · ·		
B. REMAY CAPITOL PROPE	RTIES	1	of Disburs				
Mailing Address 4000 CENTRAL AVE.		0	7 0	8	201	4	
City CHEYENNE WY State 8:	Zip Code Z-00 /	Атпои	nt of Each	Disbu	rsement this	Period	
Purpose of Disbursement CAMPAIGN STAFF APT. REA	VTAL.			1	100	.00	
CHARLIE HARDY	Category Type	/					
Office Sought: House Disbursement For:	General						
President Other (sr	B						
State: WY District:	···						
Full Name/(Last, First, Middle Initial) C. (A/// K/A/KOA/ ROLLET		Date o	of Disburse	ement			
WITH DRUCE		ء ۾ ا	-		ما ين حشد		
Malling Address SIG ADAMS ST. SE		09	F 0	<u>/</u>	201	4	
City OLYMPIA WA State 985	Code		nt of Each	Disbun	sement this	Period	
Purpose of Disbursement CAMPAIGN VEHICLE LOANES	VALUE			;	187	13	
CHARLIE HARDY	Category/ Type		IN-A	<th>Ó</th> <th></th>	Ó		
Office Sought: House Disbursement For:	General						
President Other (sp							
State: W y District:	_	-					

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detalled Summary Page	FOR LINE NUMBER: PAGE // OF 25 (check only one)
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) CHARLIE HARDY FOR SE	NATE	
Full Name (Last, First, Middle Initial)		Date of Disbursement
A. SOWADA, BARBARA Mailing Address		07 26 2014
City ROCK-SPRINGS WY	Zip Code 82901	Amount of Each Disbursement this Period
Purpose of Disbursement PARAJE PERMIT + ADVERTISION	NG	, ,210.00
CHARUE HARDY	Category Type	,
Office Sought: House Disbursement Formary Senate President Other (s	General	
Full Name (Last, First, Middle Initial) 3. WILKERSON, BRUCE	***************************************	Date of Disbursement
Mailing Address	- 	07 15 2014
City State	Zin Code	
OLYMPIA WA	Zip Code 98501	Amount of Each Disbursement this Period
Purpose of Disbursement CAMPAI 6N VEH. FUEL REIM.		, ,640.79
CHARLIE HARBY	Category, Type	
Office Sought: House Disbursement Formany Senate Primary Other (specification)	General	
Full Name (Last, First, Middle Initial)		D. (0)
·		Date of Disbursement
Mailing Address		,
City State Zip	Code	Amount of Each Disbursement this Period
Purpose of Disbursement		9. 9
Candidate Name	Category, Type	,
Office Sought: House Disbursement For: Senate Primary President Other (sp. 1988)	General	
SUBTOTAL of Disbursements This Page (optional)		, ,850.79
TOTAL This Period (last page this line number only)		-

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		FOR LINE NUMBER: PAGE 12- OF 25 (check only one)				
				[17]	"	19a	19b	
		Detailed Summary		20a	20b	20c	21	
Any information copied from such F or for commercial purposes, other to	teports and Statements r han using the name and	may not be sold or us address of any politic	ed by any p al committe	person for the pu e to solicit contr e	irpose of si ibutions fro	oliciting contr Im such com	ibutions mittee.	
NAME OF COMMITTEE (In Full)			<u> </u>					
CHARLIE HAR	by FOR SI	ENATE						
Full Name (Last, First, Middle Init	tial)			 		······································		
A REMAX CAPI	TOL PROPE	RTIES		Date of Dis	sbursement			
Malling Address 4000	CENTRAL.	AVE.		07	08	201	4	
CHEYENNE	w State	Zip Code		Amount of	Each Disbu	rement this		
Purpose of Disbursement CAMPAIGN OF	FILE RENT	AL.				900	.00	
CHARLIE H			Category/ Type					
Office Sought: House	Disbursement Fo							
V Senate President	Primary Other (General General		1				
State: District:					·····			
Full Name (Last, First, Middle Initial B. REMAY CA-PIT		-0		Date of Dis	hursement			
Maille Address							. 1/4	
4000 CEN	TRAL AVE.			DT	08	201	4	
CHY CHEYENNE	wy State 8	Zip Code	7	Amount of	Each Disbu	rsement this	Period	
Purpose of Disbursement CAMPAIGN STA	·			-	1	,100,	00	
CHARLE HAR	? X V		Category/					
Office Sought: House	Disbursement For	<u>. </u>	Туре	4				
Senate *	Phimary	General						
State: WY District:	Other (s	specify)						
Full Name/(Last, First, Middle Initia	al)					<u>.</u>		
C.				Date of Dist	oursement			
Malling Address				1				
City	State Zi	p Code		Amount of E	ach Disbur	sement this	Period	
Purpose of Disbursement	· · · · · · · · · · · · · · · · · · ·		···	4				
Candidate Name			Category/					
Office Sought: House	Disbursament For:		Туре					
Senate	Primary	General						
President	Other (s	pecify)						
State: District:						·		
SUBTOTAL of Disbursements This F	Page (optional)	********************************	11-11-15-11-1		7	2000	00	
TOTAL This Period (last page this (ir	ne number ooks				5	270	92	
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CHEDULE C (FEC I	Form 3)			Use separate schedule for each category of th Detailed Summary Pag	e (check only o	MBER:
ME OF COMMITTEE (IN FUE CHARLIE H.	ARDY F	OR S	SENA	7E		
HARDY CHA	(Last, First, Midd RLES E.	lle Initial)			Bection: Primary General Other (specify)	₩
PO BOX 19 CHEYENNE	(State	ZIP Co 8200	de 3 -/95/		
Original Amount of Loan	80941	Cumulative	Payment To	Date Bala	ince Outstanding at	Close of This Pe 80941
TERMS Date Incurre VAR10 U		.No	Date Due	DATE O		Secured:
List All Endorsers or Gua		Loan Soun	Ce Ce	Name of Employer		
1. Full Name (Last, First,	Middle Initial)	•		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, A	Aiddle Initial)		<u></u>	Name of Employer		
Mailing Address			<u></u>	Occupation		
City	State	ZIP Code	· · · ·	Amount Guaranteed Outstanding:		
3. Full Name (Lest, First, I	Alddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last, First, I	viiddle initial)			Name of Employer		
Malling Address	<u></u>		<u></u>	Occupation		
City	State	ZiP Code		Amount Guaranteed Outstanding:		
SUBTOTALS This Period Thi	s Page (optional)	4				\$
FOTALS This Period (last pa	ge in this line only)	<u></u>	•		
Carry outstanding balance of		eritale D. Soc	this line. If	no Schedule D. cerry for	ward to appropriate	line of Summir

HEDULE C (FEC Form 3) ANS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)
ME OF COMMITTEE (IN FUII) CHARLIE HARDY FOR SENAT	re		
LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES E CREDIT Mailing Address PO BOX 1957		1 7	lection: ✓ Primary General Other (specify) ▼
CHEYENNE State	ZIP Cox	te 203-195/	
	Payment To	Date Balanc	e Outstanding at Close of This Pe
4500 00	- <u>-</u>	0.00	4500.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
02 05 2014 NO	DUE	DATE OF	20 % (apr) Yes X
List All Endorsers or Guarantors (if any) to Loan Sour 1. Full Name (Last, First, Middle Initial) GONZALEZ, SUSAWA	Ce	Name of Employer UNEMPLOY	ED .
Mailing Address		Occupation	
PO BOY 1951 State ZIP Code		Amount Guaranteed	4500.00
City CHEY ENNE State ZIP Code 82 2. Full Name (Last, First, Middle Initial)	20/	Outstanding: Name of Employer	
Mailing Address		Occupation	
		Amount	
City State ZIP Code		Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIP Code		Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	<u> </u>	Occupation	
City State ZIP Code)	Amount Guaranteed Outstanding:	
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SCHEDULE C (FEC Form 3)	Use separate schedule(s)	FOR LI
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OANS	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) 13a 13b
IAME OF COMMITTEE (IN FUE) CHARLIE HARDY FOR SENATE	
LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES E - CREDIT CAR	Bection: X Primary General
Malling Address Po Box 1951	Other (specify) ▼
	Code 203-1951
Original Amount of Loan Gurnulative Paymer 9 500 00	to Date Belance Outstanding at Close of This Period 9500.00
TERMS Date incurred Date 0 2 1 4 20 1 4 NO DUE	
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial) COURALEE, SUSAWA	Name of Employer UNEMPLOYED
Mailing Address Po Box 1951	Occupation
CHEYENNE WY 82001	Guaranteed 9.500,00 Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Malling Address	Occupation
City State ZiP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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A second the bulence each to I SNE 3. Schedule D. for this line	. If no Schedule D, carry forward to appropriate line of Summary.

PAGE /5 OF 25

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HEDULE C (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER:	OF 25
ANS		for each category of the Detailed Summary Page	(check only one)	X134
ME OF COMMITTEE (In Full) CHARLIE HARDY FOR SEA	ATE			
LOAN SOURCE Full Name (Last, First, Middle Initial		E	ction:	-
HARDY, CHARLES ECRED	IT CARD A	HOVANCE	Primary General	
Mailing Address Po Box M51			Other (specify)	
CHEYENNE WY	82003	-1951		
Original Amount of Loan Cumular	tive Payment To Da	te Belance	Outstanding at Close of	
250 00		000	25	000
TERMS Date Incurred	Oate Due	Interest Rate	Secu	red:
04 04 2014 NO	DUE DA	TE 00	0 % (apr)	<u>×</u>
List All Endorsers or Guarantors (if any) to Loan S	ource	ame of Employer		
1. Full Name (Last, First, Middle Initial) GONZALEZ, SUSANA		ame of Employer UNEMPLOYE coupation	<i>D</i>	
Mailing Address				
PO BOX 1951 City CHEYENNE WY 218		mount suaranteed	250 6	0
2. Full Name (Last, First, Middle Initial)		utstanding: ame of Employer		
		ocupation		
Mailing Address	L	mount		
City State ZIP C	ode G	iuaranteed lutstanding:		
3. Full Name (Last, First, Middle Initial)	N	iame of Employer		
Mailing Address	10	Occupation		
		mount		
City State ZIP C	000	luaranteed Jutstanding:		
4. Full Name (Last, First, Middle Initial)	N	iame of Employer		
Mailing Address	- 7	Occupation		
City State ZIP C		unount Buaranteed		
City State ZIP C		Outstanding:		
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SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a 13b

PAGE /7 OF 25

OAN SOURCE Full Nar HARDY, CHARL			ADVANCE	Election: ———————————————————————————————————
Adding Address Po BOX 195 Otty CHEYENNE	7	State ZIP	Code	Other (specify) 🔻
CHEYENNE	wy	State ZIP 8200	3-1951	
Original Amount of Loan		Cumulative Paymen		Belance Outstanding at Close of This P
3	500,00		0.00	3500,0
ERMS Date Incum		Date (
04 16	2014	NO DUE	DATE	000 % (apr) Yes
ist All Endorsers or Gu		to Loan Source		
. Full Name (Last, First,	Middle Initial).) ·	Name of Employer UNEMPL	OYED
Mailing Address			Occupation	
PO GOX 1	<i>15/</i>		Amount	2 4 - 4 -
PO BOX I	State	ZIP Code ZOO/	Guaranteed Outstanding:	3500.00
. Full Name (Last, First,			Name of Employer	
Mailing Address			Occupation	
			Amount	
Chy	State	ZIP Code	Guaranteed Outstanding:	
. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	
. Full Name (Last, First,	Middle initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	
ITOTALS This Period Thi	s Page (optional).			

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CHEDULE C (FEC Fo	orm 3)		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) 13a
VAME OF COMMITTEE (In Full) CHARLE HARL	y FOR	SENATE		
HARDY, CHARLE	Lest, First, Mid	die Initial)		ection: C Primary General
Mailing Address Po Box 195	7			Other (specify) ▼
CHEYENNE	Wy	State ZIP C 8200	3-1951	
Original Amount of Loan	00 00	Cumulative Payment T	Dete Balance	Outstanding at Close of This Peri
TERMS Date incurred	014	Date Due		Secured: O % (apr) Yes
List All Endorsers or Guarar	ntors (if any) to	Loan Source		
1. Full Name (Last, First, Mic GONZALEZ, Mailing Address	idle Initial) SUSAN	VA	Name of Employer UNEMPLOYE Occupation	5
PO BOX 195			Amount Guerenteed	150000
CHEYENNE		ZIP 5000 2001	Outstanding: Name of Employer	1.500.00
2. Full Name (Last, First, Mid	die Inmai)		Hame of Employer	
Mailing Address	······································		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Fuli Name (Last, First, Mid	die Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Mid	dle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This P				
Carry outstanding balance only	to LINE 3, Sal	edule D, for this line.	f no Schedule D, carry forwar	d to appropriate line of Summary

HEDULE C (FEC Form 3) ANS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) 13a
ME OF COMMITTEE (In Full) CHARLIE HARBY FOR SOVATE		
LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES E CREDIT CARD A	1.4	ection: Primary General
Mailing Address PO BOX 1951		Other (specify) w
City CHEYENNE WY 82003	ode -/95/	
Original Amount of Loan Cumulative Payment To	O O O	Outstanding at Close of This Period
TERMS Date incurred Date Due		Secured:
04 25 2014 NO DUE	DATE 00	0 % (apr) Yes N
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial) GON BALEE, SUSANA Maling Address	Name of Employer UNEMPLOYEL	
Mailing Address PO BOX- 1951	Occupation	
City CHEYENNE State ZIP Code	Amount Guaranteed Outstanding:	900 00
2. Full Name (Last, First, Middle Initial)	Name of Employer	,
Mailing Address	Occupation	
City State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZiP Code	Amount Guaranteed Outstanding:	
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SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a 13b

PAGE 20 0F25

CHARLIE HARDY FOR SENATE LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES E CREDIT CAR	D ADVANCE	Election: X Primary General
Mailing Address Po Box 1951		Other (specify) 🔻
City CHEYENNE WY 8200	Code 93-1951	
Original Amount of Loan Cumulative Payment	To Date Ba	tiance Outstanding at Close of This Perio
TERMS Date Incurred Date D	kue Interest Ri	te Secured:
05 01 2014 NO DUE.) 00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	Name of Employer	
1. Full Name (Last, First, Middle Initial) 6002ALEE, SUSANA	UNEMPLO	YED
Meding Address PO BOK 1951	Occupation	
CHYCHEYENNE State ZIP Gode	Amount - Guaranteed Outstanding:	1000 00
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Gueranteed	
4. Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
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SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUME (check only one)

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			ADVANCE	Election: Yerimary General
Mailing Address				Other (specify) —
CHEYENNE	= 'U	State ZII	Code 2003 - 1951	
Original Amoust of Los	00000	Cumulative Paymer	nt To Date 000	Balance Outstanding at Close of This Perio
	00000			700000
	2014			Plate Secured: 000 % (apr) Yea No.
List All Endorsers or G 1, Full Name (Last, Fire		to Loan Source	Name of Employer	· · · · · · · · · · · · · · · · · · ·
GONZALE	Z, SUSAN	<i>A</i>	UNEMPLO	YED
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Occupation	
PO BOX 19			Amount ·	
CHYCHEYEN	ve wy	ZIP 8200/	Guaranteed Outstanding:	1000 00
2. Full Name (Last, First			Name of Employer	
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Occupation	
			Amount	
City	State	ZIP Code	Gueranteed Outstanding:	
3. Full Name (Last, First	, Middle Initial)		Name of Employer	
Mailing Address			Occupation	· · · · · · · · · · · · · · · · · · ·
			Amount	*************************************
City	State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First	, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	
			Outstanding:	
	his Bass (setional)		······	

CHEDULE C (FEC Form 3) OANS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) 13a
NAME OF COMMITTEE (In Full) CHARLIE HARDY FOR SE	NATE		
LOAN SOURCE Full Name (Last, First, Middle HARDY, CHALLES E. CREL Mailing Address PO BOX 1951	nitiai)		ection: Primary General Other (specify)
City CHEYENNE WY	82003		
Original Amount of Loan Cu	mulative Payment To	Date Balance	Outstanding at Close of This Period 3 4 00 00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
05 23 2014 N		ATE DO	0 % (apr) Yes N
List All Endorsers or Guarantors (if any) to Lo 1. Full Name (Last, First, Middle Initial) GONZALEZ, SUSANA	en Source	Name of Employer UNEMPLOYE	۵
PO Box 1951		Amount	2// 00 00
	82001	Guaranteed Outstanding: Name of Employer	340000
Full Name (Last, First, Middle Initial) Mailing Address	·	Occupation	
	IP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State 2	IP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	·	Name of Employer	
Mailing Address		Occupation	
City State 2	IP Code	Amount Guaranteed Outstanding:	
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SCHEDULE (C	(FEC	Form	3)
LOANS				

Use separate schedule(e) for each category of the Detailed Summary Page

PAGE 23 OF 25 FOR LINE NUMBER: (check only one)

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OAN SOURCE Full Name HARDY, CHARL			IT CAR	b ADVA	WCE	Election: • X Primary General	
Mailing Address PO Box 195	7					Other (a)	pecify) ₩
* CHEYENNE	wy	State	8200 5	xde -/95/			
Original Amount of Loan .	50 00	Cumulative	Payment To		90 00	tance Outstandir	ng at Close of This Perio
TERMS		· · · · · · · · · · · · · · · · · · ·	Date Due		Interest R	te .	Secured:
0 6 0 5 2	014	NO .)00 % (a)	pr) Yes No
List All Endorsers or Guara		o Losp Sou	irce				
1. Full Name (Last, First, M GONZALEZ,	iddle initial) SUSANA			Name of Er	MPLO	YED	
Mailing Address			<u> </u>	Occupation			
PO BOX 1951				Amount Guaranteed			350 00
CHEYENNE	W	ZIB Cod	01	Outstanding			99000
2. Full Name (Lest, First, Mic	ddie Initial)			Name of Er	mployer		
Mailing Address				Occupation			
				Amount	· · · · · · · · · · · · · · · · · · ·		
City	State	ZIP Code	•	Guaranteed Outstanding			
3. Full Name (Last, First, Mic	ddie initial)	<u> </u>		Name of E	mployer		
Mailing Address	····	······································		Occupation	1		
		70 0		Amount			
Otty	State	ZIP God		Outstanding	·		
4. Full Name (Last, First, Mic	ddie Initial)			Name of E	mployer		
Mailing Address			***	Occupation			
City	State	ZiP Cod	9	Amount Guaranteed			
				Outstanding	y.		
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HEDULE C (FEC Form 3)	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 24 OF 25 FOR LINE NUMBER: (check only one) 13a 13b
ME OF COMMITTEE (IN FUE) CHAPLIE HARDY FOR SENATE		
LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES E CREDIT CAN	1 =	oction: C Primary General
Mailing Address Po Box 1951	<u> </u>	Other (specify) \(\psi\)
City CHEYENNE WY 82	2003-1951	
Original Amount of Loan Cumulative Payment	To Date Balance	Outstanding at Close of This Period 2500 00
TERMS Date Incurred Date D. 06 27 2014 NO DUE D		Secured: O % (apr) Yes
List All Endorsers or Guarantors (if any) to Loan Source	Name of Employer	
1. Full Name (Last, First, Middle Initial) CONZALEZ, SUSANA	UNEMPLOYE Occupation	<i>D</i>
PO BOX 1951	Amount Guaranteed	2500 00
CHYHEYENNE State WY 82001	Outstanding: Name of Employer	
2. Full Name (Last, First, Middle Initial)		
Mailing Address	Occupation	
City State ZiP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
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SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page 14 of Schedule C

densi Election Commission, Washington, D.C. 20103					
IAME OF COMMITTEE (In Full)		FEC	DENTIFK	EATION NU	MBE
CHARLIE HARDY FOR SENAT	TE	С	005	547	58
ENDING INSTITUTION (LENDER)	Amount of Loan		Interest	Rate (APR))
# Name CHASE	4500	00		000	
eiling Address BOX 15123	Date Incurred or Established	02	05	20	14
WILMINGTON BE Zip COORSO	Date Due	NO	DUE	DATE	
A. Has loan been restructured? XNo Yes	If yes, date originally incurre	5			
B. If line of credit, Amount of this Draw: 450	Total Outstanding Balance:		4	500 0	20
C. Are other parties secondarily liable for the debt incur No X Yes (Endorsers and guaranters m	red? rust be reported on Schedule C.)				
stocks, accounts receivable, cash on deposit, or other No. Yes if yes, specify: E. Are any future contributions or future receipts of intercollateral for the loan? No. Yes if yes,	rest income, pledged as	interest in it	nder have a 7 No estimated v	Yes	ecurity
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:				
Date account established:	Address:				
	City, State, Zip:				
F. If neither of the types of colleteral described above exceed the loan amount, state the basis upon which PERSONAL GUARANTEE OF	ithis iden was made and the da	>	ledged does it assures r	not equal epsyment.	or
G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature Dawn Finley		DATE 10	13	20	14
H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the are accurate as stated above. II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of the institution is aware of the requirement that complied with the requirements set forth at 11.	nctuding interest rate) no more from comparable credit worthiness.	vorable at t	he time than	those impo	peed f
UTHORIZED REPRESENTATIVE		DATE			
Typed Name	itle	-			
Signature	ING	1			

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page /5 of Schedule C

derai Election Commission, Washington, D.C. 20463					
IAME OF COMMITTEE (In Fuil)		FEC	IDENTIFIC	ATION NU	MBER
CHARLIE HARDY FOR SE	VATE	С	00 5	5479	58
ENDING INSTITUTION (LENDER)	Amount of Loan		Interest	Rate (APR)	ı
Il Name CHASE	9500	00		000	·
alling Address Box 15123	Date Incurred or Established		14		
WILMINGTON DE PASSE	Date Due	NO	DUED	ATE	
A. Has loan been restructured? X No Yes	If yes, date originally incurred	1014			
B. If line of credit, Amount of this Draw:	Total Cutstanding Balance:		95	500	00
C. Are other parties secondarily liable for the debt	incurred? ore must be reported on Schedule C.)				
D. Are any of the following pledged as collateral for property, goods, negotiable instruments, certifications, accounts receivable, cash on deposit, or No Yes if yes, specify:	ates of deposit, chattel papers, r other similar traditional collateral?		value of this nder have a		
E. Are any future contributions or future receipts of collateral for the loan? X No Yes If	f interest income, pledged as yes, specify:	hat is the	estimated v	alue?	
A depository account must be established purs to 11 CFR 100.82(e)(2) and 100.142(e)(2).	uant Location of account:				
Date account established:	Address:				
	City, State, Zip:				
F. If neither of the types of collateral described ab exceed the loan amount, state the basis upon the collateral described above the loan amount, state the basis upon the collateral described above the loan amount.	which this loan was made and the dasas	ON WINKER	in gessuree ii	not equal opayment.	or
G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature		DATE / O	/3	20	14
the last result is a second of	9				
I. TO BE SIGNED BY THE LENDING INSTITUTIO I. To the best of this institution's knowledge, are accurate as stated above. II. The loan was made on terms and condition aimiliar extensions of credit to other borrow. III. This institution is aware of the requirement compiled with the requirements set forth a	the terms of the loan and other informations (including interest rate) no more favourers of comparable credit worthiness.	rable at t	he time than	those impo	peed fo
UTHORIZED REPRESENTATIVE		DATE			
yped Name Signature	Title				
	1 1				

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for information found on Page 10 of Schedule C

LENDING RESTTUTION (LENDER) Full Name CHASE Date Incurred or Established O 4 0 4 20 1 4 No DUE DATE A Has loan been restructured? X-No Yes If yes, date originally incurred 8. If line of credit, Amount of this Draw: C. As other parties secondarily liable for the debt incurred. C. As other parties secondarily liable for the debt incurred? D. Are other parties secondarily liable for the debt incurred? D. Are sarry of the following piedged as oblistoral for the loan: must be reported on Schadule C.) D. Are sarry future contributions or future receipts of interest income, piedged as collistoral for the loan: E. Are any future contributions or future receipts of interest income, piedged as collistoral for the loan: A depository secount must be established pursuant to 11 CFR 100.68(e)(6) and 100.148(e)(8). Date accounts receivable. F. If neither of the types of collistoral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan smount, state the basis upon which this loan was made and the basis on which it assures repayment. PLECOMAL EVAPLANTEE OF CHARLIE HARDY G. COMMITTEE TREASURER Typed Name DAVID FINLEY G. The basis of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan similar extensions of residence in stress of conditions fenduding interest read no more favorable at the time then those imposed in stress and on them the place on a basis which essures repayment, and head similar extensions of ordered to other borrowers of comparable credit worthiness. R. This institution is sowned the requirement that in CFR 100.82 and 100.142 in basis which essures repayment, and head complete for the status of the formation of the loan serves of comparable credit worthiness. R. This institution is sowned the respectment that is 10 CFR 100.82 and 100.142 in making this lean.	LIBROHAN INSTITUTION (LIBROSER) LIBROHAN INSTITUTION (LIBROSER) LIBROHAN INSTITUTION (LIBROSER) Amount of Loan CHASE CHASE Chy CHASE Chy CHASE Chy CHASE Chy Chy Chy Chy Chy Chy Chy Chy Chy Ch	Federal Election Commission, Washington, D.C. 20463					
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D. Are any of the following pledgad as collateral for the loan: read estate, personal property, goods, regoliable instruments, certificates of deposit, chartel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes if yes, specify: Does the lender have a perfected ascurit interest in it? No Yes collateral for the loan? No Yes if yes, specify: E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes if yes, specify: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: City, State, Zip: F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. PERSONAL GUARANTEE OF CHARLIE HARBY G. COMMITTEE TREASURER Typed Name DAVID FINLEY H. Attach a signed copy of the loan agreement. I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed farming extensions of order to other borrowers of comparable cradit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repsyment, and hea compiled with the requirement set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE DATE	D. Are any of the following pleadaged as collisteral for the local property, goods, negotiable instruments, certificates of deposit, chartel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes if yes, specify: No Yes if yes, specify: E. Are any future contributions or future receipts of interest income, pleaged as collisteral for the loan? No Yes if yes, specify: E. Are any future contributions or future receipts of interest income, pleaged as collisteral for the loan? No Yes if yes, specify: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: City, State, Zip: F. If neither of the types of collisteral described above was pleaged for this loan, or if the amount pleaged does not equal or exceed the loan amount, state the basis upon which this ison was made and the basis on which it assures repayment. PERSONAL GUARANTEE OF CHARLIE HARBY G. COMMITTEE TREASURER Typad Name SAVID FINLEY II. To the base of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. III. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions a sware of the requirements and next be made on a basis which assures repayment, and has completed with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE Typed Name	.25	O 0 O Outstanding		٠.	250	00
Property, goods, regotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes if yes, specify: E. Are any future contributions or future receipts of interest income, pledged as collateral for the losn? No Yes if yes, specify: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: City, State, 2(p): F. If neither of the types of collateral described above was pledged for this losn, or if the amount pledged does not equal or exceed the losn amount, state the basis upon which this losn was made and the basis on which it assures repayment. PERSONAL GUALANTEE OF CHARLIE HARDY G. COMMITTEE TREASURER Typed Name DAVID FINLEY Bigneture What is the estimated value? Unit is the amount pledged does not equal or exceed the losn amount, state the basis upon which this losn was made and the basis on which it assures repayment. H. Attach a signed copy of the losn agreement. 1. TO BE SIGNED BY THE LENDING INSTITUTION: 1. To the best of this institution's knowledge, the terms of the losn and other information regarding the extension of the loss are accurate as stated above. 11. The losn was made on terms and conditions (including interest rate) no more favorable at the time than those imposed if aimline extensions of order to other borrowers of comparable credit worthiness. 12. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and hes compiled with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTAITVE	properly, goods, regolable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collaterar? No Yes if yes, specify: Does the lender have a perfected security interest in it? No Yes collisteral for the loan? No Yes if yes, specify: A depository account must be established pursuant to 11 CFR 100.62(e)(2) and 100.142(e)(2). Address: City, State, Zip:	C. Are other parties secondarily liable for the debt incum No Yes (Endorsers and gustrantors mu	ed? ist be reported on Schedule C.)				
Collisteral for the loan? No Ves if yes, specify: A depository account must be established pursuant to 11 CFR 100.62(e)(2) and 100.142(e)(2). Date account established: City, State, Zip: F. If neither of the types of ocitateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. PERGONAL GUALANTEE OF CHARLIE HARDY G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature DAVID FINLEY H. Attach a signed copy of the loan agreement. I. To the basis of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed familiar extensions of credit to other borrowers of comparable cradit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has compiled with the requirements set forth at 11 CFR 100.52 and 100.142 in making this loan. AUTHORIZED REPRESENTAITVE DATE	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: City, State, Zip: F. If neither of the types of collateral described above was pledged for this losn, or if the amount pledged does not equal or exceed the losn amount, state the basis upon which this ion was made and the basis on which it assures repayment. PERSONAL SUAFANTEE OF CHARLE HARDY G. COMMITTEE TREASURER Typed Name DAVID FINLEY Bignature DAVID FINLEY I. TO BE SIGNED BY THE LENDING RISTITUTION: I. To the best of this institution's knowledge, the terms of the losn and other information regarding the extension of the loan are accounts as stated above. II. This institution is never of comparable cradit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and hes compiled with the requirement set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE Typed Name	property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers, r similar traditional collateral?	the len	der have a	perfected a	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: City, State, Z[p: City, State, Z[p: E. If neither of the types of colleteral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. PERSONAL GUARANTEE OF CHARLIE HARBY G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature UNITED SIGNED BY THE LENDING INSTITUTION: i. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for almiliar extensions of oredit to other borrowers of companies to worthless. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has compiled with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE DATE	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: City, State, Zip: City, State, Zip: F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. PERSONAL GUARANTEE OF CHARLIE HARBY G. COMMITTEE TREASURER Typed Name DAVID FINLEY Bignature DAVID FINLEY I. To BE Signed oopy of the loan agreement. I. To BE Signed BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for almiliar extensions of credit to other borrowers of comparable credit worthiness. BII. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has compiled with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE Typed Name	E. Are any future contributions or future receipts of intere colleteral for the loan? No Yes if yes, as	pacity: What	is the	estimated v	eiue?	
Date account established: City, State, Zip: F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. PERSONAL GUARANTEE. OF CHARLE HARDY G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature DATE 1. TO BE Signed copy of the loan agreement. I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. This loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed faintier extensions of oraclit to other borrowers of comparable cradit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE DATE	Date account established: City, State, Zip: F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. PERSONAL GUARANTEE OF CHARLIE HARDY G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature DATE LO 13 2014 H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including intersect rate) no more favorable at the time than those imposed for almiter extensions of oredit to other borrowers of comparable cradit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has compiled with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE Typed Name	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).					
F. If neither of the types of colleteral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. PERSONAL GUARANTEE. OF CHARLIE HARBY Q. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature DATE 10 13 2014 H. Attach a signed copy of the loan agreement. 1. To BE Signed BY THE LENDING INSTITUTION: 1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan amount as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed it aimiliar extensions of oratic to other borrowers of comparable cradit worthiness. BII. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has compiled with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE DATE	F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assumes repayment. PERSONAL GUARANTEE OF CHARLIE HARBY G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature DAVID FINLEY H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for almiliar extensions of credit to other borrowers of comparable credit worthiness. BI, This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has compiled with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE Typed Name		ACCIVES:				
exceed the loan amount, state the basis upon which this loan was made and the basis on which it assumes repayment. PERSONAL GUARANTEE OF CHARLIE HARBY Q. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed fraintiar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has compiled with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE DATE	exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. PERSONAL GUARANTEE OF CHARLIE HARBY G. COMMITTEE TREASURER Typed Name DAVID FINLEY Bignature H. Attach a signed copy of the loan agreement. I. TO BE SKINED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for aimiliar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE Typed Name		City, State, Zip:				
Typed Name DAVID FINLEY Bignature DAVID FINLEY H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for aimiliar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has compiled with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE	Typed Name DAVID FINLEY Bignature LO 13 2014 H. Attach a signed copy of the loan agreement. I. To BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this Institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for almiliar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has compiled with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE Typed Name	exceed the loan amount, state the basis upon which t	this loan was made and the basis on	which	it essures re	not equal payment.	97
H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: i. To the best of this Institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. III. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed faintier extensions of oredit to other borrowers of comparable cradit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE	H. Attach a signed copy of the loss agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loss and other information regarding the extension of the loss are accurate as stated above. II. The loss was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for almiliar extensions of oraclit to other borrowers of comparable cradit worthiness. III. This institution is aware of the requirement that a loss must be made on a basis which assures repayment, and has compiled with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loss. AUTHORIZED REPRESENTATIVE Typed Name	G. COMMITTEE TREASURER	٥	ATE			
H. Attach a signed copy of the loss agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loss and other information regarding the extension of the loss are accurate as stated above. III. The loss was made on terms and conditions (including interest rate) no more favorable at the time than those imposed fainties extensions of oredit to other borrowers of comparable cradit worthiness. III. This institution is aware of the requirement that a loss must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loss. AUTHORIZED REPRESENTATIVE	H. Attach a signed copy of the loss agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loss and other information regarding the extension of the loss are accurate as stated above. II. The loss was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for almiliar extensions of oraclit to other borrowers of comparable cradit worthiness. III. This institution is aware of the requirement that a loss must be made on a basis which assures repayment, and has compiled with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loss. AUTHORIZED REPRESENTATIVE Typed Name	Signature David Finles	ex .	10	13	20	14
t. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed familiar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has compiled with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE	i. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for almilar extensions of oredit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has compiled with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE Typed Name DATE	H. Attach a signed copy of the losn agreement.					
-, , =	Typed Name	i. To the best of this institution's knowledge, the teare accurate as stated above. II. The loan was made on terms and conditions (including extensions of credit to other borrowers of the institution is aware of the requirement that a	cluding interest rate) no more favorable f compensible credit worthiness. a loan must be made on a basis whic	e at th	e time than	those Impo	eed for
			D	ATE			
	ı		•				

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463			
NAME OF COMMITTEE (in Full)		FEC	IDENTIFICATION NUMBER
CHARUE HARDY FOR SEN	ATE	C	00554758
LENDING INSTITUTION (LENDER)	Amount of Loan	T	Interest Rate (APR)
Full Name	3500	00	000 %
CHASE	, ,,,,,,,,	. • •	
Mailing Address Po Box 152-9	Date Incurred or Established	•	16 2014
City WILMINGTON DE 19850	Date Due	No	DUE DATE
A. Has loan been restructured? V No Yes	If yes, date originally incurred	., .,	B 7 2 V 7 V V
B. If line of credit, Amount of this Draw: , 3,50	O O O O O Balance:	;	3,500.00
C. Are other parties secondarily liable for the debt incur No Yes (Endorsers and guarantors me	red? ust be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or otherwise. Yes If yes, specify: E. Are any future contributions or future receipts of interesting the property of the pr	of deposit, chattel papers, ar similar traditional collateral? Definition of the collateral papers of the collateral pap	terest in it?	
collateral for the loan? No Yes if yes,		Vhat is the	estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
Date account established:			
	City, State, Zip:	· · · · · · · · · · · · · · · · · · ·	
F. If neither of the types of collateral described above we exceed the loan amount, state the basis upon which PERSONAL BUARANTE	this loan was made and the basis	on which i	t assures repayment.
G. COMMITTEE TREASURER Typed Name DAVID FINLEY		DATE	5F
Signature Sauch Finley		10	13 2014
H. Attach a signed copy of the loan agreement.			
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the tare accurate as stated above. The loan was made on terms and conditions (in		_	
elmilar extensions of credit to other borrowers of III. This institution is aware of the requirement that compiled with the requirements set forth at 11	of comparable credit worthiness. a loan must be made on a basis of	which essur	· ·
AUTHORIZED REPRESENTATIVE		DATE	
Typed Name	Na.	•	
Signature Til	li e		

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LE Federal Election Commission, Washington, D.C. 20483	ENDING INSTITUTION	is	Supplementary for information found on Page 18 of Schedule (
NAME OF COMMITTEE (IN FUIL) CHARLIE HARBY FOR SE	NATE	1	DENTIFICATION NUMBER 00554758
LENDING INSTITUTION (LENDER) Full Name CHASE	Amount of Loan	0 00	Interest Rate (APR)
Mailing Address PO BOX 15123 City WILMMGTON BE 19850	Date Incurred or Established Oate Due		21 2014 DUE DATE
A. Has loan been restructured? X-No Yee B. If line of credit, Amount of this Draw: C. Are other parties secondarily liable for the debt incurre	Searce:	I	150000
No Yes (Endorsers and guarantors must be any of the following pledged as collecteral for the inproperty, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes if yes, specify:	oen: reel estate, personal deposit, chattel papers.	What is the to	value of this collateral?

F.	If neither of the types of colleteral described above was pledged for this loan, or if the amount pledged does not equal of
	exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.
	andrales and as the same and as a second of the same

Address:

City, State, Zip:

Location of account:

PERDONAL GUHKANTEE, OF CHARLIE HAKD G. COMMITTEE TREASURER DATE Typed Name 2014 13 Signature 10

Attach a signed copy of the losn agreement,

Date account established:

collateral for the loan? X No

TO BE SIGNED BY THE LENDING INSTITUTION:

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

E. Are any future contributions or future receipts of interest income, pledged as

Yes If yes, specify:

- To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

 This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has compiled with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE		DATE	
Typed Name			
Signature	Title		

What is the estimated value?

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for information found on Page _____ of Schedule C

ALANE OF COMMITTEE OF THE				
NAME OF COMMITTEE (In Fuil)		FEC	IDENTIFIC	ATION NUMBE
CHARLIE HARBY FOR SE	NATE	C	0055	54758
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest	Rate (APR)
Full Name	a	4444		000
CHASE	7	0000		000
Po Box 15123	Date incurred or Establishe	-	_	2014
CITYWILMINGTON BE 299850	Date Due	No	DIE	DATE
A. Has loan been restructured? X-No Yes	If yes, date originally incur	red		
B. If line of credit,	Total		a	
Amount of this Draw:	00 00 Outstanding Balance:		70	0. 00
C. Are other parties secondarily liable for the debt incum No X Yes (Endorsers and guarantors mu	 -	2)		
D. Are any of the following plodged as collateral for the property, goods, negotiable instruments, cartificates of stocks, accounts receivable, cash on deposit, or other No Yes if yes, specify:	f deposit, chattel pepers.	Does the len	der have a p	erfected security
E. Are any future contributions or future receipts of intere collateral for the loan? No Yes If yes, ap		What is the		
A depository account must be established pursuant	Location of account:	1	 _	
to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Address:			
Date account established:	700000			
	City, State, Zip:			
F. If neither of the types of colleteral described above we exceed the loan amount, state the basis upon which to PERGONAL GUARANTEE.	his loan was made and the bi	esis on which i	ARSUMA THE	ot equal or eyment.
A ASIM ISSUE SERVICE INCOME	of charge	MAKE	<u> </u>	
Typed Name DAVID FINLEY		DATE		
Signature David Finley		10	13	2014
H. Attach a signed copy of the losn agreement, $$				
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the ter	rms of the loan and other before	metics second	no the evice	sion of the team
it. The loan was made on terms and conditions (incl	kudina interest rate) no more fi	morable at the	_	
aimiliar extensions of credit to other borrowers of III. This institution is swere of the requirement that a complied with the requirements set forth at 11 CF	loan must be made on a bee	is which eesse	s repayment	, and has
AUTHORIZED REPRESENTATIVE		DATE		
Typed Name				
Signature	•			

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page 20 of Schedule C

Federal Election Commission, Washington, D.C. 20483		
NAME OF COMMITTEE (In Full)	- / 4	PEC IDENTIFICATION NUMBER
CHARLIE HARBY FOR SE	NATE	C0055 4758
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name CHASE	1000	00 000
Mailing Address PO BOX 15123	Date Incurred or Established	05 01 2014
CHYWILMINGTON DE 19850	Oste Due	NO DUE DATE
A. Has loan been restructured? X-No Yes	If yes, date originally incurred	
B. If line of credit, Amount of this Draw: /- 00	Total Outstanding Balance:	100000
C. Are other parties secondarily liable for the debt incurre No Yes (Endorsers and guarantors must	ed? at be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the is property, goods, regotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes if yes, specify:	deposit, chattel papers, eimilar traditional collaters/?	that is the value of this collateral? One the lander have a perfected security terest in it? No Yes
E. Are any future contributions or future receipts of intere colleteral for the loan? No Yes If yes, sp	et income, pledged as neolly:	Vhat is the estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	
Date account established:		
	City, State, Zip:	
F. If neither of the types of collisteral described above we exceed the loan amount, state the basis upon which the PERSONAL GUARANTEE	his loan was made and the basis	on which it assures repayment.
G. COMMITTEE TREASURER Typed Name DAVID FINLEY		DATE
Typed Name DAVID FINLEY Signature David Fruley		10 13 2014
H. Attach a signed copy of the losn agreement.		
1. TO BE SIGNED BY THE LENDING INSTITUTION: 1. To the best of this institution's knowledge, the ter are accurate as stated above. 11. The loan was made on terms and conditions (including similar extensions of oredit to other borrowers of III). This institution is aware of the requirement that a compiled with the requirements set forth at 11 Cf.	tuding interest rate) no more favo comparable credit worthiness. Joan must be made on a basis	rable at the time than those imposed for which assures recevment, and has
<u> </u>	11 TOOLOG BING TOOL 142 BIT THEORY	OND PORCH
AUTHORIZED REPRESENTATIVE Typed Name	11 100:02 210 100:142 01 1120:1	DATE

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for information found on Page 4 of Schedule C

soural Escoon Commission, washington, D.C. 20163				
NAME OF COMMITTEE (In Full)		FEC	DENTIFIC	ATION NUMBE
CHARLIE HARBY FOR SE	NATE	C	00 5	54758
ENDING INSTITUTION (LENDER)	Amount of Loan	· · · · · · · · · · · · · · · · · · ·	Interest	Rate (APR)
full Name	101	00 00		000
CHASE	100	000		000
Aeiling Address PO BOX 15123	Date incurred or Establishe			2014
WILMINGTON BE 19850	Date Due	No	WE	DATE
A. Has loan been restructured? XNo Yes	If yes, date originally incurr	ed		
B. If line of credit, Amount of this Draw: [0 0	O O O Total Outstanding Balance:		1.0	00000
C. Are other parties accondarily liable for the debt incurre No		.)		
D. Are any of the following pledged as collateral for the is property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	deposit, chattel papers, eimiler traditional collaterer?	Does the lenderest in it?		erfected security Yes
E. Are any future contributions or future receipts of intere- collateral for the loan? No Yes If yes, ap		What is the estimated value?		lue?
A depository account must be established pursuant to 11 CFR 100.62(e)(2) and 100.142(e)(2).	Location of account:			
Date appount established:	AGGITAGE:			
	City, State, Zip:			*************************************
F. If neither of the types of colleteral described above we exceed the losn amount, state the basis upon which the PERSONAL GUARANTEE.	its loan was made and the ba	asts on which t	LANGUATHA PAC	ot equal or sayment.
G. COMMITTEE TREASURER Typed Name DAVID FINLEY		DATE		
Typed Name DAVID FINLEY Signature David Finley		10	13	2014
H. Attach a signed copy of the losn agreement. ${\cal O}$				
I. TO BE SIGNED BY THE LENDING INSTITUTION:				
i. To the best of this institution's knowledge, the terr are accurate as stated above. ii. The loan was made on terms and conditions (inclinating an extensions of credit to other borrowers of a lii. This institution is aware of the requirement that a	uding interest rate) no more fa comparable credit worthiness. loss must be made on a basi	vorable at the	time than th	pee imposed for
II. The loan was made on terms and conditions (inches similar extensions of credit to other borrowers of a III. This institution is aware of the requirement that a compiled with the requirements set forth at 11 CF	uding interest rate) no more fa comparable credit worthiness. loss must be made on a basi	vorable at the	time than th	pee imposed for
II. The loan was made on terms and conditions (including indian extensions of credit to other borrowers of a lit. This institution is aware of the requirement that a compiled with the requirements set forth at 11 CFTHORIZED REPRESENTATIVE	uding interest rate) no more fa comparable credit worthiness. loss must be made on a basi	vorable at the	time than th	pee imposed for
II. The loan was made on terms and conditions (inches similar extensions of credit to other borrowers of a III. This institution is aware of the requirement that a compiled with the requirements set forth at 11 CF	uding interest rate) no more fa comparable credit worthiness. loss must be made on a basi	e which assuring this loan.	time than th	pee imposed for

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FRO Federal Election Commission, Washington, D.C. 20483	M LENDING	INSTITUTION	3		Informa	mentary to tion found 22 of Bo	d on
NAME OF COMMITTEE (In Full)		······································		PEC I	DENTIFI	CATION	NUMBER
CHARLIE HARDY FOR	SENATE	=		C	005	547	758
LENDING INSTITUTION (LENDER)	Amount o	f Loan	·	T	Interes	t Rate (AF	PR)
Full Name CHASE					000	,	
Mailing Address PO BOX 15123	Date Incu	rred or Established	0	5	23	20	14
WILMINGTON BE 19850	Date Due		٨	10	WE	DAT	E
A. Has loan been restructured? X.No Yes	if yes, da	te originally incurred					
B. If line of credit, Amount of this Draw:	40000	Total Outstanding Balance:			3	400	00
C. Are other parties secondarily liable for the debt		ed on Schedule C.)			······	~	
E. Are any future contributions or future receipts o colleteral for the loan? No Yea If		eledged as	Does the lander have a perfected seculnterest in it? No Yes What is the estimated value?		security		
A depository account must be established pure to 11 CFR 100.82(e)(2) and 100.142(e)(2).	uant Location	of account:		** ,		·-	
Date account established:	Address:	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
	City, Stat	e, Zip:			· · · · · · · · · · · · · · · · · · ·		
F. If neither of the types of collateral described ab exceed the loan amount, state the basis upon a PERSONAL GUARANTEE	vinich tris koen was	made and the basis	on which	ch It s	SSLITTE TO	not equal payment.	or
g. COMMITTEE TREASURER Typed Name DAVID FINLEY	/		DATE				
Signature David Fine	len		10	•	13	20	14
H. Attach a eigned copy of the loan agreement.	0				***************************************		
TO BE SIGNED BY THE LENDING INSTITUTION To the best of this institution's knowledge, are accurate as stated above. The loan was made on terms and condition	the terms of the lo	d rate) no more form					
similar extensions of credit to other borrow III. This institution is aware of the requirement compiled with the requirements set forth at	wa or comperable that a loan must h	C reci t Worthin ess. e marie on a besis :				-	
THORIZED REPRESENTATIVE			DATE				
/ped Name kanature	Title						

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for information found on Page 23 of Schedule

Federal Election Commission, Washington, D.C. 20163			a sources of
NAME OF COMMITTEE (in Full)		PEC	IDENTIFICATION NUMBER
CHARLIE HARDY FOR SE	NATE		00554758
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
CHASE	'35	50 00	000
Matting Address PO BOX 1512-3	Date incurred or Established 06 05 2-0		
CHYWILMIGTON DE 299850	Date Due	No	WE DATE
A. Has loan been restructured? XNo Yes	If yes, date originally incum	ed	
B. If line of credit, Amount of this Draw: 35	7 Total Outstanding Balance:		350 00
C. Are other parties secondarily liable for the debt incurre No Yes (Endorsers and guaranters mus)	
E. Are any future contributions or future receipts of interest collecteral for the loan? No Yes If yes, specify: A depository account must be established pursuant	st income, pledged as	interest in it?	ler have a perfected security No Yes estimated value?
to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Address:		
	City, State, Zip:		
F. If neither of the types of collateral described above was exceed the loan amount, state the basis upon which the PERSONAL GUARANTEE. G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature	OF CHARLIE	sie on which it	BESLESS PROSVETORIS.
Signature David Friley		10	13 2014
H. Attach a signed copy of the loan agreement.			
i. To the best of this institution's knowledge, the term are accurate as stated above. ii. The loan was made on terms and conditions (inclusionalist extensions of oredit to other borrowers of a life. This institution is aware of the requirement that a loan complied with the requirements set forth at 11 CFI.	uding interest rate) no more fa comparable credit worthiness.	vorable at the	time than those imposed for
II. The loan was made on terms and conditions (inch similar extensions of credit to other borrowers of cities. This institution is aware of the requirement that a life.	uding interest rate) no more fa comparable credit worthiness.	vorable at the	time than those imposed for

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page 24 of Schedule C

NAME OF COMMITTEE (In Full)		1		
·	- 1a -	†		CATION NUMBER
CHARLIE HARBY FOR SE	NATE	С	005	5 4758
LENDING INSTITUTION (LENDER)	Amount of Loan		interes	t Rate (APR)
Full Name CHASE	25	00 00		000
Mailing Address PO BOX 1512-3	Date Incurred or Establishe	0 06	27	2014
WILMINGTON BE 19850	Date Due	No	WE	DATE
A. Has loan been restructured? XNo Yes	If yes, date originally incum	ed		
B. If line of credit, Amount of this Draw: 2:50	O 00 Total Outstanding Balance:		2	50000
C. Are other parties secondarily liable for the debt incurre No X Yes (Endorsers and guarantors mus		.)		
D. Are any of the following pledged as collateral for the is property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes if yes, specify:	deposit, chattel papers,	What is the Does the len	der have a	perfected security
E. Are any future contributions or future receipts of intere- collateral for the loan? No Yes if yes, sp		What is the estimated value?		
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:			
Date account established:	Address:			***************************************
	City, State, Zip:	·	<u> </u>	· · · · · · · · · · · · · · · · · · ·
F. If neither of the types of collateral described above wa exceed the loan amount, state the basis upon which the PERSONAL BUARANTEE.	his loan was made and the be	usis on which i	t assures re	not equal or payment.
G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature David Finley		DATE		
		10	13	2014
H. Attach a signed copy of the loan agreement. U I. TO BE SIGNED BY THE LENDING INSTITUTION:	,			
I. To the best of this institution's knowledge, the ten are accurate as stated above. II. The loan was made on terms and conditions (including a similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a	tuding interest rate) no more fa	evorable at the	time than	those imposed for
compiled with the requirements set forth at 11 CF	FR 100.82 and 100.142 in mai	ding this loan.	оз гердупів	nt, and nes
UTHORIZED REPRESENTATIVE Typed Name		DATE	/_ .	
Signature Title)	1		

SCHEDULE D (FEC Form 3)	(Use separate	PAGE 25 OF 25			
DEBTS AND OBLIGATIONS	schedule(s) FOR	R LINE NUMBER:			
Excluding Loans	for each (che numbered line)	ick only one) 9			
NAME OF COMMITTEE (In Full)					
CHARLIE HARDY FOR SENATE					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (P	•			
RAW IMAGE		N VIDEOS			
Mailing Address HAMPTON LANE City KEY BISCANE, FL 33149	BEVELOR	AND WEBSITE DEVELOPMENT			
KEY BISCANE, FL 33149					
Outstanding Balance Seginning This Period					
2,462.09					
Amount Incurred This Period Payment This Period	Outstanding Bal	ance at Close of This Period			
, , 0.00	00	2,462.09			
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (P				
CITICARDS	CREDIT	CARD			
Mailing Address 6500	DE3	7			
City Sloux FALLS, SD Zip Code 57117					
Outstanding Balance Beginning This Period					
1450.51					
Amount incurred This Period Payment This Period	Outstanding Bal	ance at Close of This Period			
, 000 , 0	00	1,450.51			
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (P	urpose):			
AMEX	CREDIT				
Mailing Address Box 297812	DEB	7			
FT. LAUDERDALE FL 33329-78	//2				
Outstanding Balance Beginning This Period		· · · · · · · · · · · · · · · · · · ·			
9,504.07					
Amount Incurred This Period Payment This Period	Outstanding Bala	ance at Close of This Period			
, 1,270.91 , ,233.	00	10,541.98			
1) SUBTOTALS This Period This Page (optional)	•				
2) TOTALS This Period (last page this line number only)	-	14,454.58			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		2920941			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page on	—————————————————————————————————————	43 663 99			

CEASURER CEASURER HARDY FOR SENATE 901 CENTRAL AVE ###
EYENNE, WY 82001



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